



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

MARSHFIELD TOWN CLERK
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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning June 1 2010 Ending December 31 2010

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☒ Year-end report ☐ dissolution

Matthew J. McDonough
Full Name of Candidate (if applicable)

Selectman, Marshfield

Office Sought and District

335 Careswell St

Residential Address

Marshfield, MA 02050

781-834-4785

Tel. No. (optional)

Committee to Elect Matt McDonough
Committee Name

Carole Ann S. Dunleavy

Name of Committee Treasurer

335 Careswell Street

Committee Mailing Address

Marshfield, MA 02050

781-834-4785

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 7,174.78

Line 2: Total receipts this period (page 2, line 11) \$ 3,185.00

Line 3: Subtotal (line 1 plus line 2) \$ 10,359.78

Line 4: Total expenditures this period (page 3, line 14) \$ 186.20

Line 5: Ending balance (line 3 minus line 4) \$ 10,173.58

Line 6: Total in-kind contributions this period (page 4) \$ —

Line 7: Total (all) outstanding liabilities (page 4) \$ —

Line 8: Name of bank(s) used Citizens Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Carole Ann S. Dunleavy
Treasurer's signature (in ink)

1/14/11
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Matthew J. McDonough
Candidate signature (in ink)

1/14/11
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12/9	Barry R. ST, 8 Linden St., Braintree 02184	35	
12/9	Bowes, Sr., P. Seftuate, 24 Woodland Rd, MA 02066	125	
12/21	Cerreto, R & P, 13 Bolton Woods Way, Bolton MA 01740	25	
12/2	Curran, L & M, 31 Westvale Rd, Milton MA 02186	50	
12/31	Danleavy, Carole Ann, 91 Cannonchet Trl, Marshfield 02050	500	Retired; Adjunct Prof. Stoughton C.
12/9	Frey for, Dara, 3 Felicia Terr, Pembroke, MA 02359	50	-
12/2	Furey, Michael, 81 Rock Island Rd., Quincy 02169	50	-
12/4	Guinnard, Gene, 515 Pleasant St Box 304, Marshfield 02051	100	-
12/10	Hanley, Frederick, 77 Randolph St. So. Weymouth 02190	50	-
11/15	Hernais, 15 Foster St., Quincy 02169	125	-
12/9	Hickey, L & M, 5 Milk. St., Natick 01760	40	-
12/8	IBEW Local # 223, 80 Box 1238, 111 R.F. Rd, Lakeville MA 02347	100	-
12/9	Keenan, Richard C, 22 Wey Fair Path, So. Weymouth	35	-
12/9	Lee-Thomas & Carol, 68 Adams St., Holbrook 02343	100	-
12/9	Lewis, Pauline & Thomas, 30 Windemere Way, Bridgewater 02324	100	-
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2 Continued
on page 2 A

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/27	Lyons, R & N 269 Twix Fawn Dr, Hanover 02339	250 -	Retired
12/12	McInerney, Kevin McAnneny, Kevin Beals Cove Rd, Hingham 02043	250 -	NSTAR service
12/9	McMeekin 16 Forest Rd, Holbrook 02343	50 -	
12/9	Meyer, M & N 100 Warren Ave, Plymouth 02360	50 -	
12/9	Morgan, S & R 22 Squanto Rd, Nor Weymouth 02191	50 -	
12/7	Murphy, Vincent 2 Center Plaza, Ste 420, Boston 02108	125 -	
12/17	O'Donnell, M & P 24 Bow St, Curver MA 02330	25 -	
12/9	Ryan, Maureen & Wm 33 Orchard Ln, Abington 02351	150 -	
12/9	Shanahan, Gregory 15 Birch brow Ave, Weymouth 02191	50 -	
12/10	Sherman, Wm & Maureen 59 Ashworth Rd, No. Quincy 02171	125 -	
* 12/15	Bridge & Structural Iron Workers 195 Old Colony Av, So. Boston 02127	250 -	Labor Union
** 12/9	Kim, Steven 6 Sutherland Rd, Apt 54, Brighton 02135	200 -	Attorney, self employed
12/6	Lee, James 48 Pleasant Woods Lane, Hanover 02339	125 -	
Line 9: Total receipts in excess of \$50 (or listed above)			
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		3185 -	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
6/26/10	CTE Paul Sullivan		donation	100	-
9/16/10	Prospect Hill Co	12 Field St, Brockton 02301	printing	83	20
Line 12: Expenditures over \$50				183	20
Line 13: Expenditures \$50 and under*				3	00
Line 14: TOTAL EXPENDITURES				186	20

Enter on page 1, line 4

bank fee
CASH

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7